U.S. Department of Labor Office of Labor-Managlement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	-
For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 79/6	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name STEVE PENNINGTON	Name IRONWORKERS LOCAL 451				
	Labor Organization File Number 022-225				
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 203 S. DUPONT ROAD	Street 203 S. DUPONT ROAD				
City WILMINGTON	City WILMINGTON				
State Delaware ZIP Code + 4 19804-109	9 State Delaware ZIP Code + 4 19804 - 1099				
5. Position in labor organization. RECORDING SECRATARY					
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.				
City ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	y of Perjury and other applicable penalties of the law, that all of the information partying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.) On $8-9-05$ 302-994-0946				
- fre warminger	Date Telephone Number				
Form LM-30 (2003)	Page 1 of 4				

Name of Person Filing STEVE PENNINGTON	File Number U-
	L

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

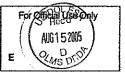
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name APRENTICSHIP EDUCATION & TRAINING	COMPLEMENTARY TICKETS FOR APPRENTI	CE BANQUET
Trade Name, if any: IRONWORKERS LOCAL 451		military branches are a face of the objects.
P.O. Box, Bidg., Room No., if any		A DESCRIPTION OF THE PROPERTY
Street 203 S. DUPONT ROAD		And Annual Annua
City WILMINGTON		
State Delaware ZIP Code + 4 19804-1099	11.b. Approximate dollar value of such dealing.	\$75
	12.a. Nature of interest held or income received.	
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		or contraction of the contractio
	12.b. Amount.	

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				1/1/	2004 Through	: [12]/[31	/[2004]
3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name Albert	Rago		Name IRONWORKERS LOCAL 451				
			Labor	Organization File Nu	ımber 022-22	25	
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State Delaware	ZIP Code + 4	19804-1099	State	Delaware		ZIP Code + 4	19804-1095
Position in labor organization. Vice	e President	ing and a sign and the same provided and an incident and the same same same same same same same sam			ampara terreta (a managara e e e e e e e e e e e e e e e e e e	processors of with docks to the Anthonistic Tob	**************************************
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Name of Person Filing Albert B	Rago	File Number U-
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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name	a. Labor Organization	
Trade Name, if any:	a. Lasor Organization	
P.O. Box, Bldg., Room No., if any	🔀 b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name APRENTICSHIP EDUCATION & TRAINING	COMPLEMENTARY TICKETS FOR APPRENTI	CE BANQUET
Trade Name, if any: IRONWORKERS LOCAL 451		
P.O. Box, Bldg., Room No., if any		a di parcenti di sala
Street 203 S. DUPONT ROAD		nadirjona troja e res
City WILMINGTON		employed a contact and a conta
State Delaware ZIP Code + 4 19804-1099	11.b. Approximate dollar value of such dealing.	\$75
	12.a. Nature of interest held or income received.	
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